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Clinical Center News

CC Eatery Opens on B-1; Renovations Planned for Second-Floor Cafeteria

The newly renovated B-1 cafeteria, now called the eatery, opened on January 28, following two months of crowded conditions at the second-floor cafeteria and the interim "lunch express" service on the lobby level. With plans in the works for several years, the goal was to improve the Clinical Center cafeterias' ambience and service as well as the quality and variety of the food.

New culinary services include self-serve entrees, a dessert bar, a meat carvery, a bread and salad bar, a deli with such specialties as steamed, spiced shrimp, a pasta

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Photo by Ernie Branson

Maree Webster (left), a neuroscientist in Bldg. 9, purchases fresh sweets from Sam Bavaro (right), of Guest Services, Inc.

Medical Students Train in NIH Interinstitute Genetics Program at CC

By Karen Riedel

Coming to the Clinical Center was Debbie Gottmann's first experience in the Washington, D.C., suburban area. It was also the first time she had ever been away from her family alone—she left behind a husband and three children aged 18, 16, and 3. Gottmann is one of many medical

students participating in the eight-week NIH interinstitute medical genetics program.

Each year, the program invites medical students to fulfill their medical school electives in genetics at NIH and the Clinical Center. Students study basic concepts in human genetics and recent advances in clinical, biochemical, and molecular

genetics. The structure of the program is threefold: students attend lectures and seminars given by NIH investigators and medical genetics staff, participate in genetics clinics, and conduct research related to medical genetics.

Students interested in genetics usually stem from one of three

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Letters to the editor...

Marrow donor program is applauded by donor

I would like to thank Robin Ashton and all of her colleagues for the courtesies and care extended to me during my service as a bone marrow donor.

From my initial meetings with Alex, to my blood testing with Sharon, to the informative orientation sessions, to my experience with Georgetown University Hospital, to the follow-up efforts by the marrow donor center, I have been impressed by the center staff's professionalism, attention to detail, and, above all, caring attitude. Robin and the center staff did all they could to make my experience as painless and rewarding as possible.

I am especially grateful for the way Robin looked out for the needs of my wife, Wendy—including the times before, during, and after the marrow harvest. It was a relief to me to know that she was being so well taken care of during my stay in the hospital.

I would be remiss if I did not formally thank you for all my gifts and goodies—the dinner, T-shirt, cooler, card, shorts, balloons, and chocolates. The imagination and thoughtfulness of Robin and her staff are to be highly commended!

I am looking forward to being able to assist the center in the future.

With warm regards,
Scott E. Miller

George Holloway Retires

Even if you don't know his name, you most likely have seen his smiling face. Known as the man you can count on, George Holloway, motor vehicle operator and messenger for the director's office, is a recognizable Clinical Center figure.

After 36 years at the Clinical Center, he is retiring. Holloway also worked for the Housekeeping and Fabric Care Department and the transportation unit (as it was called before it merged into the Materials Management Department). He is originally from South Carolina but has spent most of his life in Maryland.

As for his plans, he says, "I'm going to lay back and relax and take care of my family." Holloway says of his career with the Clinical



George Holloway

Center, "It's been a very pleasant experience. I really enjoy being around the people here." He adds, "I'll especially miss the locker-room gang." ■

Blood bank thanks donors

A belated "thank you" to all of our donors for their support during the past holiday season. We were able to maintain the blood supply at an appropriate level and entered the post-holiday season able to sustain the numerous rescheduled surgeries.

Just a reminder about Donor Appreciation Day—it's coming on Friday, June 12, from 11 a.m. to 2 p.m. Mark your calendars and plan to come enjoy the festivities. This is our way of expressing gratitude for your commitment to the blood donor center over the past year. For more information, call the blood donor center at 496-1048.

*Keith A. Redmond,
Donor Resources Supervisor*

CC News

Editor: Karen Riedel

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Deadline for submission is the second Monday of each month.

CC Occupational Therapist Uses Computers to Motivate Patients

By Anne P. Enright Shepherd

For patients with depression, finding the motivation to do even the simplest tasks can be monumentally difficult. Glenda Grogan, a Clinical Center occupational therapist, has a unique solution. She uses a tool that, although increasingly common in biomedicine, is an oddity in clinical treatment for those with depression and other mental health patients: a personal computer.

Grogan, of the Rehabilitation Medicine Department, uses the technical help of the Division of Computer Research and Technology (DCRT) in developing and operating a computer training program for some Clinical Center patients. "I am certainly very excited about the computer training program because I've seen patients who are chronically depressed seem motivated by it," she said.

The program operates on an individual basis—patients choose projects and set their own goals—using Macintosh computers and a printer. "The Macintosh appears to be a wonderful therapeutic tool for mental health patients," remarked Grogan. "The creativity and humor built into the Macintosh programs make the Macintosh a particularly refreshing tool for patients struggling with depression." In addition, group projects add a cooperative dimension to the program.

"I think the program has good therapeutic potential," remarked Dr. Lynn Gerber, chief of the

Rehabilitation Medicine Department. "It addresses a patient population whose needs are often overlooked."

Double Clicking on Confidence

Occupational therapy is an integral part of treating patients with chronic illness or injury. Occupational therapy focuses not only on vocational issues, but also on anything a person may do to occupy his or her time, including leisure activities, household maintenance, and daily-routine activities.

Being a patient for a long time could cause a person to feel rusty in the skills he or she was accustomed to exercising. As Grogan pointed out, "The patient role doesn't give you nearly as much opportunity to accomplish things. All the things that give us our independence, our confidence, are really limited."

Grogan developed the computer training program to counter some of these limiting factors. Practical projects and regular sessions with a computer, she thought, could instill a sense of competence, success, and achievement in people who may not find these things elsewhere.

Her expectations seem to have been fulfilled, thus far, in the year-old program. "I've seen people really feel a sense of accomplishment when they learn something on the computer," she remarked. "We hope that feeling transfers into a more overall sense of confidence in their abilities."

"The secondary benefit is that it's a great vocational skill," Grogan continued. "They're going to go away with a skill that they didn't have before. Even people who may not use the skill vocationally may want to help their kids with homework or may

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Photo by Greg Wilson

Occupational Therapist Glenda Grogan consults individually with patients who, among other things, design pages in a recipe book on a Macintosh computer.

develop a leisure interest in computers."

Patients may also take with them a tangible product as the fruit of their labors. Some update their

"People really feel a sense of accomplishment when they learn something on the computer."

resumes or write research papers, while others write poetry or write and design children's books. As a group project, a number of patients are developing an illustrated recipe book for people on a restricted diet; others have created a quotations calendar.

Even when it's prescribed, learning need not be drudgery. Grogan says she and her patients enjoy the colorful graphics and unique sounds they encounter on their computers.

"The computer itself, particularly the Macintosh, is so much fun," she exclaimed. "I love to see a patient get into it. I love to see their delight when they can grab some Clip Art from HyperCard and put it in a MacDraw document. It gives them a sense of control—and as a patient, you don't often have a sense of control."

The computer training program is integrated nicely with other occupational therapy services. Some patients learn word-processing or graphics skills on the computer and then apply them in a work-therapy situation. Others will use the restricted-diet recipe book in community meal preparation.

Therapist and Computer Whiz

Grogan's introduction to computers was quite conventional. She started using word-processing software to make writing papers easier. When someone showed her a Macintosh, she liked the way it operated and began taking courses to increase her skill level.

Then, one day, she was hooked. "I think it was when I saw the first spray-paint tool in MacPaint," she said with a sparkle in her eye. "I just remember it was one of those experiences for me—I felt like a little kid in a toy store again!"

Since then, she has made herself into somewhat of an expert by taking advanced courses at the DCRT training unit, the user resource center, and the NIH training center. "These resources are not available to other therapists at a lot of places. I feel very fortunate when I think about it. The resources here are just wonderful," she commented. She noted that in other clinical settings, computers are rare for staff members, let alone for patients.

Grogan's department has supported her pioneering project, she says. In return, she has served her coworkers as a computer lead user and a Macintosh support coordinator, positions that are sponsored by DCRT's personal computing branch (PCB). As the primary contact, especially for the patients, Grogan shares new tricks, hints, or applications almost as soon as she learns them. "I'm still trying to get more effective with the computer. That's always the constant struggle," she said.

Support people from PCB have served as Grogan's advisors, sounding boards, and problem solvers. "PCB has been wonderful helping me learn my skills," she

commented. "Without them, I couldn't have gone through my learning process."

Cutting-Edge Research

Grogan's clinical work is quickly blossoming into a cutting-edge research endeavor. Her project is based on the theory that successful functioning requires confidence in one's own skills. She is studying, among other things, the sense of competence of mental health patients as related to a structured training program on computers.

She found a considerable challenge in designing research that is theoretically sound and clinically viable. "I think [using the computer] is a good treatment modality, but it's always helpful to see what the research shows," Grogan commented. Data collection should begin in the spring.

Gerber sees value in Grogan's work. "I believe there is a research opportunity to learn a bit more about how patients with mental health diagnoses—specifically manic-depressive illness—become engaged in learning new skills. These patients may be hampered from learning in group or one-on-one settings because they are anxious or distracted. The computer provides a more private, protected space. I think the

"I'm sort of pioneering an area within occupational therapy..."

computer has great research potential in that sense," she explained.

Through discussions with others in occupational therapy, Grogan has found a number of

Wilt Retires From Nursing

Margaret (Peg) Wilt is retiring after 30 years on the 9E patient-care unit of the Clinical Center.

"I love nursing, I really do," she says. "I really enjoyed working on the unit. It was almost like working in a general hospital. I worked with arthritis patients and lupus patients, who often have multiple conditions. I found it very challenging."

Over the years, Wilt says, "Change has been for the better. There have been so many medical advances. Perhaps the best change for the Clinical Center was the addition of the day clinics that reduced the length of stay for patients."

Wilt is moving back to her home town of Cumberland,



Peg Wilt

Maryland, to take care of her father. She looks forward to reacquainting herself with her family and to traveling in Europe to explore her family roots. ■

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therapists who use computers with physical disability patients, but very few who use them with mental health patients. "I think the mental health area is largely untapped," she remarked.

"I'm sort of pioneering an area within occupational therapy, and there are some hard things about that," Grogan commented, citing challenges such as learning how to access resources, determining the research's relevance when no one else seems to be doing it, and structuring her learning process. "It also is very exciting," she was quick to add.

The excitement seems to carry her from one week to the next. As she knocks each successive barrier aside, Grogan only lunges forward to the next one. Once this research project is finished, she hopes to

expand the program, possibly to do more group projects or to see more outpatients. She has thoughts of encouraging computer learning in mental health patients who have no obvious interest in computers.

Grogan would like to expand her professional contacts beyond occupational therapy to include those who develop the hardware and software. "I would definitely like to be a link between the computer world and healthcare," she said.

Grogan is confident that her efforts to this point have had an impact. As she told it, "I've had a few patients say, 'I didn't feel like I learned anything since college 15 years ago, and now I feel like I can learn again.' That's one of the best things a therapist can hear." ■

March is Women's History Month

March has been designated as National Women's History Month. Throughout history, women have made valuable contributions to the economic, cultural, and social welfare of our nation. In recognition of the numerous accomplishments of women, the Office of Equal Opportunity (OEO) will sponsor an observance of Women's History Month on Thursday, March 12, from 11:30 a.m. to 1 p.m. in Masur auditorium. The theme for this year's observance is *Women's History: A Patchwork of Many Lives*. The program will depict the lives of women in history.

Dorothy E. Nelms, director of organizational development and training for Hubbard and Revo-Cohn, Inc. will be the keynote speaker. A practicing attorney, she specializes in civil rights and criminal and family law. Prior to this, she worked as a human resources consultant and a professional public speaker for more than 15 years. For additional information, call 496-6301. ■

PEF Auction Needs Volunteers

The Patient Emergency Fund and the Friends of the Clinical Center auction committee are looking for new members who would enjoy participating in planning the annual PEF auction to be held May 1. Committee members should be able to attend monthly meetings. For more information, call Jan Weymouth at 496-2925. ■



Photo by Ernie Branson

Aurora Karrer Reich, who has been with NIH since 1949, loves the new eatery.

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bar, a bakery with fresh baked goodies and an accompanying coffee bar, a peanut basket, and a water dispenser on the soda machines. Says operational manager Sam Bavaro, "It has been a nice change for customers. The renovations were completed in 60 days—right on schedule. We are very pleased."

"This place looks so much better and you don't have to wait in lines," exclaims Mary King, Clinical Center photographer. Says Eric Bowman, a post-doctoral fellow in Building 9, "There is a lot more variety and it is easier to get to the different foods."

With its variety of food and beverages, the cafeteria also has special safety features as well as accommodations for the handicapped. New features include non-skid floors, lower tray racks, and a special handicapped seating area.

"The atmosphere is good," comments Tom Ruffner of the National Eye Institute's laboratory of sensorimotor research. "The layout is great."

During the hectic first week, Bavaro explained, "The Clinical

Center had a conference that drew more than 1,000 extra people, many of whom came to the eatery. It was a true test of how much we could handle and I think we succeeded." Adds King, "I think that as soon as we are used to the layout, there will be a lot less rubbernecking and things will move even smoother."

What's Next?

Now that the eatery is up and running, you may wonder what is next. The renovation also includes a new, private dining room, which is expected to open by the end of March. The Bethesda Room, available by reservation only and accommodating as many as 50 people in parties up to six, will offer the perfect spot for a quiet working meal. The Bethesda Room features unlimited soup, salad, beverages, fruit, and desserts, as well as light-fare sandwiches, full-course hot dinners, and daily heart-healthy selections—at fixed prices. The room is available for small conferences and special functions during mornings, evenings, and weekends. There are two luncheon

sittings: 11 a.m. and 12:30 p.m. The phone number for more information or reservations is not yet available—but when it is, it will be printed in *CC News*.

To complement the opening of the eatery's bread and salad bar, the second-floor cafeteria has introduced a make-your-own sandwich bar with everything from peanut butter and jelly to gourmet meats and cheeses. Guest Services, Inc., the company operating and managing the Clinical Center cafeterias, plans periodic special events, such as a make-your-own fajita bar, a baked potato bar, and the roller grill, featuring an assortment of gourmet sausages. The eatery is open from 7 a.m. to 9:30 a.m. and from 11 a.m. to 2 p.m. The second-floor cafeteria continues to be open 24 hours.

CC News has learned also that the second-floor cafeteria is next on the list to be given a face-lift. Construction is slated to begin in approximately 60 to 90 days. Read *CC News* for information on upcoming cafeteria changes. ■

Nutrition Department to Hold Informational Demonstration

The Nutrition Department invites everyone to join them in celebrating National Nutrition Month. On March 17, 18, and 19, registered dietitians will be set up outside the second-floor cafeteria ready to share the latest nutrition information, give taste tests, hand out free literature and recipes, and manage a raffle. In addition, nutritional comparisons of meal choices for breakfast, lunch, and dinner, will be offered. For more information, call 496-3311. ■

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backgrounds—pediatrics, internal medicine, or obstetrics. This year's program had a student on each track.

Says Sandy Schlesinger, program coordinator, "The students are bright, sophisticated young people with interesting backgrounds. Each one is gifted and special."

Gottmann, a Chicago native, is a fourth-year medical student at Rush Medical College, University of Illinois. Before starting medical school, she was a nurse at the Shriner's Hospital for Crippled Children, in Chicago, where she began her path toward genetics.

She explains, "Seeing so many interesting things at the hospital's genetics clinic really sparked my interest in the field." Gottmann singled out the NIH program at the Clinical Center for a number of reasons. She explains, "I was interested in this program because of NIH's reputation. I read so much in the medical journals about all the work going on here that I wanted to come and see what it was all about." More specifically, Gottmann continues, "NIH offered me an opportunity to see what goes on in the laboratory as well as in the clinical setting and to see and do research. Since I have limited laboratory exposure, this program has given me a unique experience." Gottmann worked with Drs. Gabriel Cohn and Neal Epstein in the clinical hematology branch of the National Heart, Lung, and Blood Institute.

The students attend NIH lectures and seminars that detail clinical and laboratory aspects of diagnosis, different methods of treatment, approaches to counseling, and principles of biochemical, molecular, clinical, and population genetics.



From l to r: medical genetics students Debbie Gottmann, Drew Hertz, and Susan Nicholson.

Schlesinger adds, "They are also introduced to various approaches to the study of an array of genetic conditions."

"Overall, It's been a good experience for me," Gottmann reflects. "The lectures were nicely done and clarified basic genetic principles for me. Even though I am planning to specialize in obstetrics, I will be able to apply the genetic principles I learned in this program to my training in obstetrics for the next four years."

Drew Hertz, originally from Ohio, was drawn to the program for the NIH laboratory experience. He worked with Dr. Kenneth Culver in the cellular immunology section of the metabolism branch in the National Cancer Institute.

"Since my senior year in college, I have dreamed about gene therapy," he shares. "I have been reading about it for years. One reason I came to the Clinical Center was for the exposure to the laboratories where gene therapy work is being done." Hertz adds, "I also came to make a decision about a career in genetics. I thought about genetics for eight years but I didn't really know what a geneticist does."

Hertz attended the University of Florida, where he majored in microbiology and volunteered in the cytogenetics lab. Genetics was his primary interest there, cultivated by a basic biology course that included a class on genetics. After college, Hertz spent one year as a laboratory technician and then returned to Ohio to attend Case Western Reserve University, in Cleveland. He is now in his fourth year there, concentrating on pediatrics.

"Besides being what I thought was a logical pathway into genetics, I think pediatrics offers the broadest range of patient contact—with infants to grandparents—and I like the preventive aspects. And," he concedes, "I really like kids."

Hertz particularly appreciated the clinical experience offered in the program. In addition to working in weekly genetics clinics and presenting case studies at post-clinic conferences, the students rotate to different genetic centers in the area, such as Johns Hopkins Hospital, Children's Hospital

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CC Women's Forum Shares Success Strategies

The Clinical Center Women's Forum is a growing program that supports women and women's issues.

"You have all heard about the glass ceiling," said Clinical Center Women's Forum coordinator Ellen Williams. "We have only cracked the ceiling. Maybe one day, as a group, we can break the ceiling."

With this statement, the Clinical Center Women's Forum got off to a roaring start last January 22, in the Clinical Center's medical board room. Four Clinical Center employees, Andrea Rander, chief of volunteers; Mary Hepburn, public affairs specialist; Dottie Cirelli, health systems specialist; and Veronica Leftwich, administrative officer, captured the hearts and minds of the standing-room-only group as they shared their experiences in overcoming obstacles to reach their goals. Each speaker talked about choosing options, charting paths, and looking ahead and urged listeners to have confidence in themselves.



CC'er Robert Williams models appropriate business attire.

The program included a gleam of excitement as several Clinical Center employees turned models-of-the-moment participated in a fashion show to demonstrate proper business attire. Explained Williams, "Many times, the way we dress can hinder our success. We're going to show you what is and what is not professionally appropriate for the office." She quickly added, "But, it's up to you

to decide if you want a professional image."

In February, the four speakers took the show on the road—to Executive Plaza—where they were invited to speak to another group in the Division of Computer Research and Technology. Next, the women's forum will repeat the entire workshop for the Clinical Center Outpatient Department. For more information, call 496-1584. ■

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National Medical Center, the National Naval Hospital, George Washington University, and Walter Reed Army Medical Center, among others. Because of this broad exposure, Hertz says he learned what a clinical geneticist does. "Now I know I want to be involved in gene therapy," he says confidently. Looking toward the future, he speculates, "After I finish my residency I don't know where my career will lead me. But seeing so many diseases during the clinical rotations will surely help me in my career."

For University of Pittsburgh School of Medicine student Susan Nicholson, a career in the biomedical field was not out of the ordinary—her father was a biomedical engineer and her strengths are in math and science. Upon graduating from the University of Pennsylvania, she worked in a laboratory for three years. "I learned that I wanted to do research, see patients, and study diseases—firsthand," she says. "Since then, my intention has been to do research and to be a clinician. I had to figure out how to do both." After participating in the

Howard Hughes Research Scholars program—a one-year intensive research program at NIH—and thereby proving to herself that she could, indeed, handle the research part of her goals, Nicholson went back to medical school. Now in her fourth year, she says she came to the NIH interinstitute medical genetics program because "I wanted to know what medical genetics is. I had worked in molecular biology and with DNA but I still did not know what medical genetics was really all about." Nicholson says she picked this program to get exposure to

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Clinical Pastoral Education Interns Minister at CC

Among the many people at the Clinical Center who help others, is a special group of interns who provide spiritual support for Clinical Center patients.

This year's Clinical Pastoral Education (CPE) interns for the Spiritual Ministry Department have come to the Clinical Center to gain experience ministering to hospital patients and to improve their pastoral skills.

In some cases, the CPE internship is a requirement for ordination or for pastoral counseling and other forms of ministry. In all cases, the internship is an unpaid experience for the intern that affords great help to the Spiritual Ministry Department and to the patients.

Says George West, supervisor-in-training with the Spiritual Ministry Department, "These people come to learn more about patients and illness and in doing so they help others. To be involved in this program takes a lot of

sacrifice. The interns come out of a sense of willingness."

The program, which began last October and continues through May, includes interns: Hattie Johnson from the Wesley Theological Seminary in Washington, D.C., Therese Stewart

from the Hospice of Northern Virginia, Bonny Byron from Mount Vernon Place United Methodist Church in Washington, D.C., and Francina Ferguson, a member of John Wesley African Methodist Episcopal Zion in Landover Hills, Maryland. ■



From l to r: Back: George West, Bonny Byron. Front: Hattie Johnson, Therese Stewart, Francina Ferguson.

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patients and patient care. "I had no concept of what it is like to be a patient or of what things patients are involved in. The unique thing about this program is that it combines the clinical aspects of genetics with research. Coming to NIH looked like a good opportunity to bridge the two interests," she said. Nicholson worked with Dr. Daniel Camerini-Otero in the genetics biochemistry branch of the National Institute of Diabetes and Digestive and Kidney Diseases.

Nicholson is following the internal medicine track. Although her career may not revolve around

medical genetics, she says, "In understanding disease you cannot *not* understand what genetics is all about. No matter what path I choose, the medical genetics I learn here will be a tool I will use in the future," she predicts.

A major focus of the program, is each student's participation in a laboratory, clinical, or library research project supervised by a senior staff member. In late February, the students concluded the program by presenting their research projects to their preceptors and members of the medical genetics staff and faculty. Gottmann focused her project on

the clinical applications of the current technology of molecular genetics, Hertz on methodologies being developed for use in gene therapy, and Nicholson on a detailed analysis of human gene structures.

Now that it is all over, the students have returned to their homes, families, and medical studies. No matter how far away they are or what specialty each one ultimately chooses, the students will not forget their experiences in genetics, but will weave them into the future. ■

On the QT

By Sue Kendall

We all expect certain things from each other. Patients expect high-quality care from their nurses and doctors. Employees expect services from each other. A basic tenet of Total Quality Management (TQM) is that each of us has many customers. Yet, how often do we stop and ask our customers, "What do you expect from me?" and "How well am I meeting your expectations?"

The constituent survey group was formed to find the answers. Composed of employees from the Nursing, Personnel, Rehabilitation Medicine, Social Work, and Critical Care Medicine Departments, to name just a few, the group will survey three important customers: patients, employees, and physicians. "We want people to know that their opinions are important, and we're providing them a vehicle to express those opinions," says P.J. Maddox, group facilitator.

The group comprises two task forces: one to survey employees, the other to survey patients. Each task force has carefully selected an outside consultant to design and administer its survey. "We've worked hard to select consultants that can meet the unique needs of the Clinical Center," says group member Lynn Hellinger.

The goal is to survey as many people as possible. All employees, rather than a random sample, will be invited to complete a survey. Surveying all patients, however, poses unique challenges. Says group member Jim Ebner, "Some



Patient Survey Group: Standing, I to r: Barbara Bowens, Celia Hayes, Ann Peterson, Betty Schwerling, Kim Roche, P.J. Maddox. Seated, I to r: Judith Williams, Mark Mattiko, Johnelle Branch, Jim Ebner.

patients don't speak much English; some are visually impaired or have communication disorders. We want to address their needs as we design these surveys." The group is also investigating special techniques for surveying children. "These are areas where a consultant's expertise is particularly helpful," says group member Judith Williams.

To ensure honest, forthright answers, individual surveys will be kept totally confidential. "People will return their surveys directly to the consultant, not to the group or to a supervisor," says Hellinger. "The consultants will analyze the surveys, determine common threads, and provide a detailed report to the Quality Together survey task force," she explained. The group will then publicize the

findings, providing the raw material to develop change projects—issues that need work. "We also hope to find out what people like about the Clinical Center," said Williams. Regardless of the outcome, "Everyone on the committee will make a concerted effort to act on the data as soon as possible," says group member Dennis Brown. "We want people to know that their needs will be addressed," he said.

These customer surveys are the first in an ongoing program. The task force hopes to survey employees every year to keep tabs on progress and shifting priorities. Patient surveys will be ongoing. Dates for the first surveys are being determined. Watch this space for details. ■



Employee Survey Group: Standing, I to r: Bonnie Damaska, Larry Green, P.J. Maddox, Peggy Spina, Tannia Cartledge. Seated, I to r: Rachel Flowers, Lynn Hellinger.

Patient Activities to Host Special Musical Performance

The Clinical Center Patient Activities Department will present "From Baroque to Broadway," a special musical performance featuring Deborah Kieffer, mezzo-soprano, and Betty Bullock, pianist, on Thursday, March 19. The concert begins at 7:30 p.m. in the 14th-floor auditorium of the Clinical Center and will include selections by Handel, Schubert, Bizet, Porter, and Bernstein.

Kieffer sings an extensive repertoire that includes opera, oratorio, and art song. She has performed in major opera houses and concert halls in the United States and in Europe. With the New York City Opera, she appeared in 20 productions, and sang the roles of Dorabella in "Così fan tutte," Siebel in "Faust," Nicklausse in "Les Contes d'Hoffman," and Suzuki in "Madame Butterfly." In West Germany, she was engaged for more dramatic mezzo soprano roles of Venus in "Tannhäuser" and Dalila in "Samson et Dalila." She has also performed with the Lyric Opera of Chicago, the Tulsa

Opera, and the Opera Orchestra of New York. As a concert soloist, she has appeared at Carnegie Hall and Lincoln Center in New York City, and at the Corcoran Gallery and the National Gallery of Art in Washington, D.C. In 1986, she made her New York recital debut in Carnegie Recital Hall. Kieffer is married to Clinical Center Acting Director Dr. Saul Rosen.

Bullock is active as a soloist, chamber musician, and accompanist throughout the Washington area. She has performed in recital at the Phillips Collection and the Kennedy Center, as a soloist with the Mount Vernon Chamber Orchestra, and as a featured artist in several chamber music programs. She is on the music staff of the Washington Opera, the head of the accompanying staff of the American Institute of Musical Studies in Graz, Austria, and a member of the piano faculty of the Levine School of Music.

The concert is open to the public; admission is free. ■



Mezzo-soprano Deborah Kieffer



Pianist Betty Bullock

Gerald Macks Wins AHA Award

Gerald Macks, management analyst for the Clinical Center, recently won the management engineer award from the Healthcare Information and Management Systems Society of the American Hospital Association at their annual conference in Tampa Bay, Florida. Macks, who received the award for outstanding performance, has been with the

Clinical Center for 20 years. Prior to coming here, he worked for Community Systems Foundations in Baltimore. He earned a bachelors degree in industrial engineering from Johns Hopkins University and a master of science and personnel information from George Washington University. ■



Gerald Macks

Kestner Retires From "ClinPath"

By Sheila Bouvet

The Clinical Pathology Department recently honored Jane Kestner with a party and luncheon as she retired after 35 years with the Clinical Center.

Kestner joined the hematology service in 1955—just two years after the Clinical Center opened its doors to patients. She worked as a laboratory technologist in the routine hematology laboratory until 1969. She then was reassigned as a research support technologist for the clinical chemistry service, where she stayed until retirement.

Kestner points out that she has lived through the technological revolution. "In the 1950s, I worked in a laboratory where all tests were performed manually and in the 1990s, I retired from an almost fully automated laboratory."

Kestner says she is happy to have seen the introduction of the first laboratory computer for patient care at the Clinical Center and in the country in the late 1960s. She will remember fondly being part of the team that evaluated one of the earliest prototypes of a fully automated urinalysis system and participating in the evaluation of one of the first commercial clinical laboratory robots.

More than 70 of Kestner's former and current coworkers and friends attended the luncheon, including two of her daughters, Kitty and Heidi. Heidi recalled, "We understood at a young age the way healthcare workers, such as our mother, contribute to the care and curing of patients at the world's premier research hospital." The group's best wishes for Kestner were accompanied by gifts, including a color photograph



Jane Kestner

of the Clinical Center, a photomontage commemorating her "hematology" period, a pendulum wall clock with chimes, various NIH memorabilia, and her favorite flowers—cyclamen.

Kestner plans to visit her children, grandchildren, and friends throughout the country. She also plans a long visit to her friends in New Zealand and Australia. In addition, she looks forward to pursuing her favorite hobbies—wool spinning, reading, and participating in church activities. ■

March Calendar of Events

4 Grand Rounds

12 noon-1 p.m. Lipsett Amphitheater
Between a ROC and Another Place: Methods for Assessing Diagnostic Accuracy, Mark Zweig, M.D., CC; *Autocrine Secretion: the New Paradigm and its Clinical Implications*, Michael Sporn, M.D., NCI.

11 Patent Policy Briefing

9 to 11 a.m. Masur Auditorium
For scientists and administrators.
Registration at 8:45 a.m. For more information, call the Office of Technology Transfer at 496-0750.

11 Grand Rounds

12 noon-1 p.m. Lipsett Amphitheater
The Pruritus of Cholestasis, E. Anthony Jones, M.D., NIDDK; *The Latest on Light and Health*, Norman Rosenthal, M.D., NIMH.

12 Nutrition Month Activities

11 a.m. to 1 p.m. second-floor cafeteria; nutritional information, taste tests, recipes, raffle, and literature.

18 Grand Rounds

12 noon-1 p.m. Lipsett Amphitheater
Noise, Ralph Naunton, M.D., NIDCD; *Restenosis After "Successful" Coronary Angioplasty: Possible Molecular Interventions*, Stephen Epstein, M.D., NHLBI.

25 Clinical Staff Conference

12 noon-1:30 p.m. Lipsett Amphitheater; *Epstein-Barr Virus Infection: Biology, Natural History, and Management*, Stephen Strauss, M.D., NIAID, Moderator.

25 NIDDK Clinical Nutrition and Obesity Lecture Series

Lipsett Ampitheater, 7-8:30 p.m.
Nutrition and the Injury/Stress Response in the Hospitalized Patient, Bruce R. Bistrian, M.D., Ph.D., Harvard Medical School and New England Deaconess Hospital, Boston, Massachusetts.

28 Women's History Month

11:30 a.m. to 1 p.m. Masur Auditorium; *Women's History: A Patchwork of Many Lives*, Dorothy E. Nelms, Revo-Cohn, Inc. For more information, call 496-6301.